



KENTUCKY TRANSPORTATION CABINET
Dept. of Vehicle Regulation/Division of Motor Carriers
P.O. Box 2007, Frankfort, KY 40602-2007
(502) 564-7150 (8:00 AM - 4:30 PM EST)
Walk-ins 8:00 AM – 4:00 PM
<http://transportation.ky.gov/dmc>

TC 95-590
07/2009

OW/OD ANNUAL PERMIT REPLACEMENT REQUEST

(601 KAR 1:018 Section 7)

Company Name: _____

KYU Number: _____

DOT Number: _____

The cost of replacing a lost, stolen, or destroyed annual permit is \$10.00. We will accept cash, check, or credit card for the replacement. Make the check payable to the Kentucky State Treasurer. Also be sure this request is notarized before it's submitted to the Transportation Cabinet. Requests that are not notarized will not be processed.

I _____, hereby attest to the fact that annual permit number
(print name of person filling our request)

_____ has not been confiscated by any Kentucky Law Enforcement Officer for
a violation of the permit; however, the permit was (check one of the choices below)

☐ Lost ☐ Stolen ☐ Destroyed: _____
(Please give brief explanation as to how annual was destroyed)

☐ Other _____

Under penalties of perjury, I declare myself as a representative on behalf of this company and certify that the information given is true, accurate and complete, holding myself as the responsible party to this request.

Signature

Date of Signature

Notary:

Name of Notary

Date Notarized

Commission Expiration Date

**Must be Notarized
with a Seal**



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